

|                                 |   |                               |                                      |
|---------------------------------|---|-------------------------------|--------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>ALSX-125953176</i>                       | <i>State:</i>                 | <i>Arkansas</i>                      |
| <i>Filing Company:</i>          | <i>First Colonial Insurance Company</i>     | <i>State Tracking Number:</i> | <i>EFT \$100</i>                     |
| <i>Company Tracking Number:</i> | <i>AF-00142</i>                             |                               |                                      |
| <i>TOI:</i>                     | <i>17.0 Other Liability-Occ/Claims Made</i> | <i>Sub-TOI:</i>               | <i>17.0004 Contractual Liability</i> |
| <i>Product Name:</i>            | <i>Contractual Liability Insurance</i>      |                               |                                      |
| <i>Project Name/Number:</i>     | <i>2008 - Rate Filing/AF-00142</i>          |                               |                                      |

## Filing at a Glance

|   |                              |   |
|---|------------------------------|---|
| Company: First Colonial Insurance Company     | SERFF Tr Num: ALSX-125953176 | State: Arkansas                           |
| Product Name: Contractual Liability Insurance | SERFF Status: Closed         | State Tr Num: EFT \$100                   |
| TOI: 17.0 Other Liability-Occ/Claims Made     | Co Tr Num: AF-00142          | State Status: Fees verified and received  |
| Sub-TOI: 17.0004 Contractual Liability        |                              | Reviewer(s): Betty Montesi, Edith Roberts |
| Filing Type: Rate/Rule                        | Co Status:                   | Disposition Date: 12/22/2008              |
|   | Author: SPI AllState         | Disposition Status: Filed                 |
|   | Date Submitted: 12/17/2008   | Effective Date (New):                     |
| Effective Date Requested (New): 02/02/2009    |                              | Effective Date (Renewal):                 |
| Effective Date Requested (Renewal):           |                              |   |
| State Filing Description:                     |                              |   |

## General Information

|                                       |                               |
|---------------------------------------|-------------------------------|
| Project Name: 2008 - Rate Filing      | Status of Filing in Domicile: |
| Project Number: AF-00142              | Domicile Status Comments:     |
| Reference Organization:               | Reference Number:             |
| Reference Title:                      | Advisory Org. Circular:       |
| Filing Status Changed: 12/22/2008     |                               |
| State Status Changed: 12/22/2008      | Deemer Date:                  |
| Corresponding Filing Tracking Number: |                               |
| Filing Description:                   |                               |

Enclosed for your review and approval is the initial filing of rates for a Service Contract Contractual Liability Insurance Coverage Program. This is a new filing for our company and will not replace any previously approved filings.

These rates will be used in conjunction with Service Contract Contractual Liability Insurance Policy, VSC-SCLIP-AR (05/04), which was approved by your department on May 27, 2004.

Effective Date:

SERFF Tracking Number: ALSX-125953176 State: Arkansas  
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: AF-00142  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0004 Contractual Liability  
Product Name: Contractual Liability Insurance  
Project Name/Number: 2008 - Rate Filing/AF-00142

New business: February 2, 2009

Renewals: N/A

## Company and Contact

### Filing Contact Information

Chris Ewing,  
2775 Sanders Road (847) 402-5000 [Phone]  
Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

First Colonial Insurance Company CoCode: 29980 State of Domicile: Florida  
1776 American Heritage Life Drive Group Code: 8 Company Type: Property and  
Casualty  
Jacksonville, FL 32224 Group Name: Allstate State ID Number:  
(847) 402-5000 ext. [Phone] FEIN Number: 59-2773658  
-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: Filing and review of independent rates  
Per Company: No

| COMPANY                          | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|----------------------------------|----------|----------------|---------------|
| First Colonial Insurance Company | \$100.00 | 12/17/2008     | 24591754      |

|                                 |   |                               |                                      |
|---------------------------------|---|-------------------------------|--------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>ALSX-125953176</i>                       | <i>State:</i>                 | <i>Arkansas</i>                      |
| <i>Filing Company:</i>          | <i>First Colonial Insurance Company</i>     | <i>State Tracking Number:</i> | <i>EFT \$100</i>                     |
| <i>Company Tracking Number:</i> | <i>AF-00142</i>                             |                               |                                      |
| <i>TOI:</i>                     | <i>17.0 Other Liability-Occ/Claims Made</i> | <i>Sub-TOI:</i>               | <i>17.0004 Contractual Liability</i> |
| <i>Product Name:</i>            | <i>Contractual Liability Insurance</i>      |                               |                                      |
| <i>Project Name/Number:</i>     | <i>2008 - Rate Filing/AF-00142</i>          |                               |                                      |

## Correspondence Summary

### Dispositions

| <b>Status</b> | <b>Created By</b> | <b>Created On</b> | <b>Date Submitted</b> |
|---------------|-------------------|-------------------|-----------------------|
| Filed         | Edith Roberts     | 12/22/2008        | 12/22/2008            |

|                                 |   |                               |                                      |
|---------------------------------|---|-------------------------------|--------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>ALSX-125953176</i>                       | <i>State:</i>                 | <i>Arkansas</i>                      |
| <i>Filing Company:</i>          | <i>First Colonial Insurance Company</i>     | <i>State Tracking Number:</i> | <i>EFT \$100</i>                     |
| <i>Company Tracking Number:</i> | <i>AF-00142</i>                             |                               |                                      |
| <i>TOI:</i>                     | <i>17.0 Other Liability-Occ/Claims Made</i> | <i>Sub-TOI:</i>               | <i>17.0004 Contractual Liability</i> |
| <i>Product Name:</i>            | <i>Contractual Liability Insurance</i>      |                               |                                      |
| <i>Project Name/Number:</i>     | <i>2008 - Rate Filing/AF-00142</i>          |                               |                                      |

## Disposition

Disposition Date: 12/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

| Company Name:                    | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): | Overall % Indicated Change: |
|----------------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|-----------------------------|
| First Colonial Insurance Company | %                      | \$                                       |  | \$       | %                                  | %                                  | %                           |

|                                 |   |                               |                                      |
|---------------------------------|---|-------------------------------|--------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>ALSX-125953176</i>                       | <i>State:</i>                 | <i>Arkansas</i>                      |
| <i>Filing Company:</i>          | <i>First Colonial Insurance Company</i>     | <i>State Tracking Number:</i> | <i>EFT \$100</i>                     |
| <i>Company Tracking Number:</i> | <i>AF-00142</i>                             |                               |                                      |
| <i>TOI:</i>                     | <i>17.0 Other Liability-Occ/Claims Made</i> | <i>Sub-TOI:</i>               | <i>17.0004 Contractual Liability</i> |
| <i>Product Name:</i>            | <i>Contractual Liability Insurance</i>      |                               |                                      |
| <i>Project Name/Number:</i>     | <i>2008 - Rate Filing/AF-00142</i>          |                               |                                      |

| <b>Item Type</b>           | <b>Item Name</b>  | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|---|--------------------|----------------------|
| <b>Supporting Document</b> | AR - NAIC P&C TRANSMITTAL<br>DOCUMENT, AR - NAIC RATE RULE<br>FILING SCHEDULE | Filed              | Yes                  |
| <b>Rate</b>                | Rate and Rule Manual  | Filed              | Yes                  |

SERFF Tracking Number: ALSX-125953176

State: Arkansas

Filing Company: First Colonial Insurance Company

State Tracking Number: EFT \$100

Company Tracking Number: AF-00142

TOI: 17.0 Other Liability-Occ/Claims Made

Sub-TOI: 17.0004 Contractual Liability

Product Name: Contractual Liability Insurance

Project Name/Number: 2008 - Rate Filing/AF-00142

## Rate Information

Rate data applies to filing.

**Filing Method:**

File and Use

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

Neutral

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

## Company Rate Information

| Company Name:                       | Overall %<br>Indicated<br>Change: | Overall % Rate<br>Impact: | Written<br>Premium<br>Change for<br>this<br>Program: | # of Policy<br>Holders<br>Affected for this<br>Program: | Premium: | Maximum %<br>Change (where<br>required): | Minimum %<br>Change (where<br>required): |
|-------------------------------------|-----------------------------------|---------------------------|--|---|----------|--|--|
| First Colonial Insurance<br>Company | %                                 | %                         |  |   |          | %  | %  |

|                                 |   |                               |                                      |
|---------------------------------|---|-------------------------------|--------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>ALSX-125953176</i>                       | <i>State:</i>                 | <i>Arkansas</i>                      |
| <i>Filing Company:</i>          | <i>First Colonial Insurance Company</i>     | <i>State Tracking Number:</i> | <i>EFT \$100</i>                     |
| <i>Company Tracking Number:</i> | <i>AF-00142</i>                             |                               |                                      |
| <i>TOI:</i>                     | <i>17.0 Other Liability-Occ/Claims Made</i> | <i>Sub-TOI:</i>               | <i>17.0004 Contractual Liability</i> |
| <i>Product Name:</i>            | <i>Contractual Liability Insurance</i>      |                               |                                      |
| <i>Project Name/Number:</i>     | <i>2008 - Rate Filing/AF-00142</i>          |                               |                                      |

## Rate/Rule Schedule

| <b>Review Status:</b> | <b>Exhibit Name:</b> | <b>Rule # or Page #:</b> | <b>Rate Action</b> | <b>Previous State Filing Attachments Number:</b> |
|-----------------------|----------------------|--------------------------|--------------------|--|
| Filed                 | Rate and Rule Manual | VSC-AGG-RR               | New                | VSC-AGG-RR.PDF                                   |

# **FIRST COLONIAL INSURANCE COMPANY**

Vehicle Service Contract Contractual Liability Insurance Coverage  
Rate and Rule Manual



# FIRST COLONIAL INSURANCE COMPANY

## Vehicle Service Contract Contractual Liability Insurance Coverage Rate and Rule Manual

### TABLE OF CONTENTS

| Section # | Section Title              | Page # |
|-----------|----------------------------|--------|
| I         | INTRODUCTION & DEFINITIONS | 2      |
| II        | ELIGIBILITY RESTRICTIONS   | 3      |
| III       | COVERAGE PLANS             | 4      |
| IV        | GENERAL RULES              | 5      |
| V         | BASE RATES                 | 6      |
| VI        | VEHICLE EXCLUSIONS         | 7      |

## FIRST COLONIAL INSURANCE COMPANY

### Vehicle Service Contract Contractual Liability Insurance Coverage Rate and Rule Manual

#### SECTION I - INTRODUCTION & DEFINITIONS

This manual contains the rates and rules governing the writing of business under the Vehicle Service Contract Contractual Liability Insurance Coverage program. Upon the failure of the Insured to perform its contractual obligations pursuant to the provisions of the Vehicle Service Contract, we will pay on behalf of the Insured any sums which the Insured is legally obligated to pay or perform the services which the Insured is legally obligated to perform. In the event costs are incurred by another party's performance of repair or replacement services, or for administration costs, pursuant to any Vehicle Service Contract, payment for such services may be made on behalf of the Insured directly to such other party.

#### DEFINITIONS

**Vehicle Service Contract ("Contract"):** A Vehicle Service Contract entered into between the Contract Holder and the Insured. The Contract must be approved by the Insurer.

**Vehicle Service Contract Holder ("Contract Holder"):** The individual or a qualified transferee with whom the Insured has entered into a Contract.

**Insurer:** First Colonial Insurance Company

**Policy:** The Service Contract Contractual Liability Insurance Policy issued to the Insured by the Insurer that indemnifies the Insured for losses occurring as a result of the Insured's failure to perform its obligations under Contracts.

**Administrator:** The entity that provides and is responsible for administrative services and support for the Insured's Contracts.

**Insured:** The entity named in the Contract as the provider or obligor. As allowed by state laws, the Insured may be a manufacturer, distributor, importer, administrator or dealer.

**Wrap:** A Vehicle Service Contract that provides coverage that supplements or "wraps" around the underlying manufacturer's powertrain warranty.

# FIRST COLONIAL INSURANCE COMPANY

## Vehicle Service Contract Contractual Liability Insurance Coverage Rate and Rule Manual

### SECTION II – ELIGIBILITY RESTRICTIONS

#### A. All Vehicles

A vehicle must be operational with no known defects at the time the Contract is issued. Vehicles and vehicle usage specifically excluded in the Contract are not eligible.

#### B. New Vehicles

1. New vehicle coverage may be sold on vehicles with full factory warranty remaining (based on the odometer reading at time of sale).
2. We will permit new vehicle coverage to be sold on vehicles outside the full factory warranty as a special underwriting allowance (SUA) provided that all of the following conditions are met:
  - a. The full factory warranty expired no more than 3 months ago.
  - b. The odometer reading does not exceed the coverage provided by the full factory warranty by more than 3,000 miles.
  - c. The odometer reading does not exceed 50,000 miles.
  - d. The contract term is 60 months or less.
  - e. An inspection is completed by the selling dealer and documented on the form currently required by our underwriting manual.
  - f. The vehicle is in class 1, 2, 3, 4, or 5.
3. New vehicle coverage is limited to model years no older than the current calendar year plus three prior years, unless the vehicle had an original manufacturer warranty of four years or longer, in which case vehicle coverage is limited to model years no older than the current calendar year plus four prior years.
4. New vehicle coverage is limited to vehicles with no more than 50,000 miles on their odometers at the time of purchase of the Contract.
5. Additional initial mileage restrictions are listed in the base rate pages.

#### C. Used Vehicles

1. Used Contracts must be sold at the time of vehicle sale.
2. Used vehicle coverage is limited to model years no older than the current calendar year plus nine prior years.
3. Used vehicle coverage is limited to vehicles with no more than 100,000 miles on their odometers at the time of purchase of the Contract.
4. Additional initial mileage restrictions are listed in the base rate pages.

## **FIRST COLONIAL INSURANCE COMPANY**

### **Vehicle Service Contract Contractual Liability Insurance Coverage Rate and Rule Manual**

#### **SECTION III - COVERAGE PLANS**

The following coverages are those that appear in the Schedule of Coverage section of the Vehicle Service Contracts. The coverage designations listed below are used for references to coverages throughout this manual.

Coverage Level A

Coverage Level B

Coverage Level C

Coverage Level D

Details of the coverage provided are contained in the Vehicle Service Contracts.

# **FIRST COLONIAL INSURANCE COMPANY**

## **Vehicle Service Contract Contractual Liability Insurance Coverage Rate and Rule Manual**

### **SECTION IV – GENERAL RULES**

#### **A. Alternate Terms**

The premium for a term (months or miles) that is not displayed in the base rate section of this manual shall be determined by interpolating the rates and or rating factors of two surrounding existing terms.

#### **B. Deductibles**

There is no deductible applicable to the Policy. The following deductibles are available on the underlying Contract:

1. \$0
2. \$50
3. \$100
4. \$200
5. \$250
6. \$200R100 Reduced Deductible - applicable \$200 Deductible is reduced to \$100 if repair/replacement completed at issuing dealership.
7. \$100R50 Reduced Deductible - applicable \$100 Deductible is reduced to \$50 if repair/replacement completed at issuing dealership.
8. \$100D0 Disappearing Deductible - applicable \$100 Deductible is eliminated if repair/replacement completed at issuing dealership.

#### **C. Cancellation**

Details of the cancellation provisions are contained in the Vehicle Service Contracts.

## FIRST COLONIAL INSURANCE COMPANY

### Vehicle Service Contract Contractual Liability Insurance Coverage Rate and Rule Manual

#### SECTION V - BASE RATES

A. New Vehicles – Coverage Level A, B, C, and D

(Model Year Eligibility is current calendar year or newer plus 3 model years back )

| Term<br>Months | Initial Mileage<br>0-50,000 |
|----------------|-----------------------------|
| 36             | \$25                        |
| 48             | \$25                        |
| 60             | \$25                        |
| 72             | \$25                        |
| 84             | \$25                        |

B. New Vehicles – Wrap Coverage for Coverage Level B, C, and D

(Model Year Eligibility is current calendar year or newer plus 3 model years back )

| Term<br>Months | Initial Mileage<br>0-50,000 |
|----------------|-----------------------------|
| 36             | \$25                        |
| 48             | \$25                        |
| 60             | \$25                        |
| 72             | \$25                        |
| 84             | \$25                        |

C. Used Vehicles

(Model Year Eligibility is current calendar year or newer plus 9 model years back )

| Term<br>Months / Miles | Initial<br>Mileage<br>0 - 100,000 |
|------------------------|-----------------------------------|
| 12 / 12,000            | \$25                              |
| 24 / 24,000            | \$25                              |
| 36 / 36,000            | \$25                              |
| 48 / 48,000            | \$25                              |

## **FIRST COLONIAL INSURANCE COMPANY**

### **Vehicle Service Contract Contractual Liability Insurance Coverage Rate and Rule Manual**

## **SECTION VII – VEHICLE EXCLUSIONS**

### **Ineligible Vehicles**

Details of the ineligible vehicles are contained in the Vehicle Service Contracts.

### **Business Usage**

Details of business use coverage are contained in the Vehicle Service Contracts.

|                                 |   |                               |                                      |
|---------------------------------|---|-------------------------------|--------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>ALSX-125953176</i>                       | <i>State:</i>                 | <i>Arkansas</i>                      |
| <i>Filing Company:</i>          | <i>First Colonial Insurance Company</i>     | <i>State Tracking Number:</i> | <i>EFT \$100</i>                     |
| <i>Company Tracking Number:</i> | <i>AF-00142</i>                             |                               |                                      |
| <i>TOI:</i>                     | <i>17.0 Other Liability-Occ/Claims Made</i> | <i>Sub-TOI:</i>               | <i>17.0004 Contractual Liability</i> |
| <i>Product Name:</i>            | <i>Contractual Liability Insurance</i>      |                               |                                      |
| <i>Project Name/Number:</i>     | <i>2008 - Rate Filing/AF-00142</i>          |                               |                                      |

## Supporting Document Schedules

|                         |   |                                |            |
|-------------------------|---|--------------------------------|------------|
| <b>Satisfied -Name:</b> | AR - NAIC P&C TRANSMITTAL<br>DOCUMENT, AR - NAIC RATE<br>RULE FILING SCHEDULE | <b>Review Status:</b><br>Filed | 12/22/2008 |
| <b>Comments:</b>        |   |                                |            |
| <b>Attachments:</b>     |   |                                |            |
|                         | AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  |                                |            |
|                         | AR - NAIC RATE RULE FILING SCHEDULE.PDF                                       |                                |            |



## Property &amp; Casualty Transmittal Document

|   |   |
|---|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes |
|---|---|


|           |                   |                     |
|-----------|-------------------|---------------------|
| <b>3.</b> | <b>Group Name</b> | <b>Group NAIC #</b> |
|           | Allstate          | 008                 |

| 4. | Company Name(s)                  | Domicile | NAIC # | FEIN #     | State # |
|----|----------------------------------|----------|--------|------------|---------|
|    | First Colonial Insurance Company | FL       | 29980  | 59-2773658 |         |
|    |                                  |          |        |            |         |
|    |                                  |          |        |            |         |
|    |                                  |          |        |            |         |
|    |                                  |          |        |            |         |
|    |                                  |          |        |            |         |
|    |                                  |          |        |            |         |

|                                   |          |
|-----------------------------------|----------|
| <b>5. Company Tracking Number</b> | AF-00142 |
|-----------------------------------|----------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address  | Title | Telephone #s               | FAX #        | e-mail |
|----|---|-------|----------------------------|--------------|--------|
|    | Chris Ewing<br>2775 Sanders Road, Suite A5<br>Northbrook IL 60062 |       | 800-366-2958<br>Ext. 27309 | 847-402-9757 |        |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | Signature of authorized filer         |  |
| 8. | Please print name of authorized filer | Chris Ewing  |

**Filing Information** (see General Instructions for descriptions of these fields)

|     |  |  |
|-----|--|--|
| 9.  | Type of Insurance (TOI)  | 17.0 Other Liability-Occ/Claims Made   |
| 10. | Sub-Type of Insurance (Sub-TOI)  | 17.0004 Contractual Liability  |
| 11. | State Specific Product code(s) (if applicable) [See State Specific Requirements] |  |
| 12. | Company Program Title (Marketing Title)  | Contractual Liability Insurance  |
| 13. | Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. | Effective Date(s) Requested  | New: 02/02/2009      Renewal: N/A  |
| 15. | Reference Filing?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 16. | Reference Organization (if applicable)   | N/A  |
| 17. | Reference Organization # & Title   | N/A  |
| 18. | Company's Date of Filing   | 12-17-2008   |
| 19. | Status of filing in domicile   | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

# Property & Casualty Transmittal Document

|     |  |          |
|-----|--|----------|
| 20. | This filing transmittal is part of Company Tracking #  | AF-00142 |
| 21. | <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |          |

Enclosed for your review and approval is the initial filing of rates for a Service Contract Contractual Liability Insurance Coverage Program. This is a new filing for our company and will not replace any previously approved filings.

These rates will be used in conjunction with Service Contract Contractual Liability Insurance Policy, VSC-SCLIP-AR (05/04), which was approved by your department on May 27, 2004.

Effective Date:

New business: February 2, 2009

Renewals: N/A

|     |   |
|-----|---|
| 22. | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below]  |
|     | <div data-bbox="185 1461 565 1520"> <p><b>Check #:</b>      Fee paid via EFT.</p> <p><b>Amount:</b>     \$100.00</p> </div> <div data-bbox="159 1757 1304 1812"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div> |

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

|           |  |          |
|-----------|--|----------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | AF-00142 |
|-----------|--|----------|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

|           |  |              |
|-----------|--|--------------|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | File and Use |
|-----------|--|--------------|

|            |   |
|------------|---|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |
|------------|---|

| Company Name | Overall %<br>Indicated<br>Change<br>(when<br>Applicable) | Overall<br>% Rate<br>Impact | Written<br>Premium<br>Change<br>for this<br>program | # of<br>policyholders<br>affected<br>for this<br>program | Written<br>premium<br>for this<br>program | Maximum<br>%Change<br>(where<br>required) | Minimum<br>%Change<br>(where<br>required) |
|--------------|--|-----------------------------|---|--|---|---|---|
|--------------|--|-----------------------------|---|--|---|---|---|

|                                  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|
| First Colonial Insurance Company | Not applicable. This is a new program. |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|

|            |  |
|------------|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |
|------------|--|

| Company Name | Overall %<br>Indicated<br>Change<br>(when<br>Applicable) | Overall<br>% Rate<br>Impact | Written<br>Premium<br>Change<br>for this<br>program | # of<br>policyholders<br>affected<br>for this<br>program | Written<br>premium<br>for this<br>program | Maximum<br>%Change<br>(where<br>required) | Minimum<br>%Change<br>(where<br>required) |
|--------------|--|-----------------------------|---|--|---|---|---|
|--------------|--|-----------------------------|---|--|---|---|---|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |   |  |
|--|---|--|
|  | <b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b> |  |
|--|---|--|

|            |  | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| <b>5a.</b> | <b>Overall percentage rate indication(when applicable)</b>             |             |           |
| <b>5b.</b> | <b>Overall percentage rate impact for this filing</b>                  |             |           |
| <b>5c.</b> | <b>Effect of Rate Filing – Written premium change for this program</b> |             |           |
| <b>5d.</b> | <b>Effect of Rate Filing - Number of policyholders affected</b>        |             |           |

|           |  |                  |
|-----------|--|------------------|
| <b>6.</b> | Overall percentage of last rate revision | N/A. New program |
|-----------|--|------------------|

|           |                                      |                  |
|-----------|--------------------------------------|------------------|
| <b>7.</b> | Effective Date of last rate revision | N/A. New program |
|-----------|--------------------------------------|------------------|

|           |   |                  |
|-----------|---|------------------|
| <b>8.</b> | Filing Method of Last filing<br>(Prior Approval, File & Use, Flex Band, etc.) | N/A. New program |
|-----------|---|------------------|

| <b>9.</b> | Rule # or Page # Submitted for Review | Replacement or withdrawn?   | Previous state filing number, if required by state |
|-----------|---------------------------------------|---|--|
| 01        | VSC-AGG-RR 9/2008                     | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02        |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 03        |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |